

REGISTRATION FOR ENROLLMENT
2010-2011 School Year



Student Information

First Name _____ Last Name _____
Age _____ Birthdate (mm/dd/yy) _____ Boy Girl
Student Address _____ City _____
State _____ Zip _____ How did you hear about our school? _____

Parent Information

Parent Name	Parent Name
First	First
Last	Last
Address	Address
City State Zip	City State Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Email	Email

Please indicate which class you are registering for.

Morning Class

- 3 hours per day (8:30-11:30)
- 4 days - Mon. through Thurs.
- 3 days - Mon., Tues., Wed.
- 3 days - Tues., Wed., Thurs.

Afternoon Class

- 3 hours per day (12:30-3:30)
- 4 days - Mon. through Thurs.
- 3 days - Mon., Tues., Wed.
- 3 days - Tues., Wed., Thurs.

Special requests: _____

- Student must be 3-years old by September 1, 2010.
- Student must have efficient self-toileting skills.
- Siblings who attend at the same time will receive a 15% discount.
- A withdrawal from the school after August 1st will require September tuition payment.

Please attach a \$75.00 non-refundable registration fee to hold your students place and return or mail this form to Edmonds Montessori, **700 Main Street, Room 121 &126, Edmonds, WA 98020.**

Parent Signature _____

Date _____